



APPLICATION KIT

for

FISCAL YEAR 2001

SMALL AMBULATORY PROGRAM

for

AMERICAN INDIANS AND ALASKA NATIVES

**Indian Health Service
Department of Health and Human Services**





**FISCAL YEAR 2001
SMALL AMBULATORY PROGRAM**

**APPLICATION KIT
INFORMATION**

Enclosed is a complete application kit for the Indian Health Service (IHS) fiscal year (FY) 2001 Small Ambulatory Program (SAP). Both parts of the two-step application process must be completed by all applicants wanting to be considered for receiving funds through the FY 2001 SAP. This program is established under the authority of the Indian Health Care Improvement Act, Title III, Section 306, Public Law (P.L.) 94-437, as amended, as codified and implemented by 25 U.S.C. 1636, and as further amended by language in the FY 2001 appropriation, P.L. 106-291.

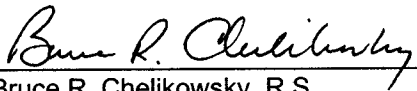
This application kit contains five sections: (I) Amended Program Announcement for FY 2001 Small Ambulatory Program; (II) Application Requirements; (III) Application Review Process; (IV) Application Checklist; and (V) Application Receipt Cards.

The application process for the FY 2001 SAP consists of two parts: (1) Pre-Application and (2) Final Application. In Part One, the Pre-Application will be used to determine the basic eligibility. In Part Two, the Final Application will be used for making competitive selections for award.

An **original** and **two copies** of each part of the application must be submitted, with all required documentation and signatures. By the **CLOSE OF BUSINESS on June 29, 2001**, the **Pre-Application** is to be submitted to the Division of Facilities Planning and Construction, Indian Health Service, Suite 600C, 12300 Twinbrook Parkway, Rockville, MD 20852. Mark on the application envelope: **"Attention: SAP PRE-APPLICATION."**

Mr. William A. Smith, P.E., Program Manager, Division of Facilities Planning and Construction, IHS, may be contacted regarding the SAP. His "E-Mail" address is wsmith@hqe.ihs.gov. His telephone number is 301-443-7894. Appendix 1 to Section II of this Application Kit contains contact information for the IHS Areas.

Thank you for your interest in the Indian Health Service, Small Ambulatory Program.


Bruce R. Chelikowsky, R.S.
Acting Director
Office of Environmental Health and Engineering
Office of Public Health

Date Issued: June 7, 2001



SECTION I

**AMENDED
PROGRAM
ANNOUNCEMENT**

for

FISCAL YEAR 2001

SMALL AMBULATORY PROGRAM

SECTION I
AMENDED PROGRAM ANNOUNCEMENT
FISCAL YEAR 2001 SMALL AMBULATORY PROGRAM
INDIAN HEALTH SERVICE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ANNOUNCEMENT NO.: SAP-2001-01

ANNOUNCEMENT DATE: April 3, 2001 (Amended June 7, 2001)

RESPONSIBLE OFFICE: Division of Facilities Planning and Construction, Office of Environmental Health and Engineering, Office of Public Health, Indian Health Service (IHS), U.S. Department of Health and Human Services (DHHS).

PROGRAM TITLE: Fiscal Year 2001 Small Ambulatory Program

PURPOSE OF PROGRAM: Under the Small Ambulatory Program (SAP), American Indian and Alaska Native tribes or tribal organizations, who are operating an Indian health care facility pursuant to a **health care services contract** entered into under The Indian Self-Determination and Education Assistance Act, Public Law (P.L.) 93-638, can competitively obtain funding for the construction, expansion, or modernization of small ambulatory health care facilities.

PURPOSE OF ANNOUNCEMENT: This announcement provides notice of the availability of funds for the IHS fiscal year (FY) 2001 SAP, and affords eligible tribes or tribal organizations the opportunity to request an Application Kit.

AMOUNT OF FY 2001 FEDERAL FUNDS AVAILABLE: \$9,978,000.

NUMBER OF AWARDS ANTICIPATED: The number of awards to be made under the FY 2001 SAP is dependent on the number and type of assistance requested. See the Authorization section of Part I of this announcement for the various types and the funding range authorized for this program.

SUMMARY: The IHS announces its FY 2001 SAP.

This Program Announcement (PA) consists of three parts. **PART I - PROGRAM DESCRIPTION** provides the statutory authority for the program, describes what is authorized, provides the eligibility requirements, indicates that competitive selection will be conducted, and describes how awards will be made. **Part II - APPLICATION PROCESS** describes the application process and provides a tentative FY 2001 Program Schedule. **Part III - EVALUATION CRITERIA FOR SELECTION** provides

SECTION I - FY 2001 SAP PROGRAM ANNOUNCEMENT

information about the evaluation criteria to be used for award selection. All forms necessary for the application are to be generated by the applicant following the instructions in the Application Kit.

APPLICATION KITS: Application Kits will be **available for distribution** by **June 7, 2001**. Application Kits may be requested by any of the following means shown below:

- ▶ By "e-mail," addressed to William A. Smith, P.E., at wsmith@hqe.ihs.gov.
- ▶ By telephone to Mr. Smith, at 301-443-7894.
- ▶ By U.S. Mail or delivery service, addressed to William A. Smith, P.E., Program Manager, Division of Facilities Planning and Construction, Indian Health Service, Suite 600C, 12300 Twinbrook Parkway, Rockville, MD 20852.

APPLICATION DEADLINE DATES: Pre-Applications in response to this PA are to be submitted to the address shown below, by the close of business on the date specified. The Application Kit will indicate that eligible tribes and tribal organizations are to submit **Pre-Applications** by **June 29, 2001**. The due date for the Final Applications will be established and provided following the processing of the Pre-Applications. Summarized herein below is a tentative schedule for the entire FY 2001 program.

APPLICATION RECEIPT POINT: Pre-Applications should be **addressed to the Division of Facilities Planning and Construction, Indian Health Service, Suite 600C, 12300 Twinbrook Parkway, Rockville, MD 20852**. Mark on the Pre-Application envelope: "**Attention: SAP PRE-APPLICATION.**"

INFORMATION CONTACT: For further information, contact Mr. William A. Smith, P.E., Program Manager. Information, about the various ways of contacting Mr. Smith, is provided above in the Item identified as **APPLICATION KITS**.

ENGLISH LANGUAGE REQUIREMENT: All documents used for this program are to be in the English language.

METRIC REQUIREMENT: The Metric Conversion Act of 1975, P.L. 94-168 (15 U.S.C. 205a et seq.), as amended by Section 5164 of the Omnibus Trade and Competitiveness Act of 1988, P.L. 100-418, requires the use of System International (SI) metric units for all Federally-assisted construction. Accordingly, the use of SI metric measurement units is required for the SAP.

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SUPPLEMENTARY INFORMATION

PART I - PROGRAM DESCRIPTION

Pursuant to the authorizing legislation, as amended by the FY 2001 appropriation, the IHS FY 2001 SAP is being implemented using funds appropriated in FY 2001, as herein described below.

A. STATUTORY AUTHORITY

The statutory authority for projects receiving awards under the FY 2001 SAP is contained in the Indian Health Care Improvement Act, Title III, Section 306, P.L. 94-437, as amended, as codified and implemented by 25 U.S.C. 1636, and as further amended by language in the FY 2001 appropriation, P.L. 106-291.

B. AUTHORIZATION

In accordance with the statutory authorities for the FY 2001 program, funding may be provided, after competitive selections, to tribes or tribal organizations meeting the eligibility requirements shown herein. Awards are to be made through construction contracts administered pursuant to the conditions of The Indian Self-Determination and Education Assistance Act, P.L. 93-638, and applicable (as determined by the IHS) sections of 25 CFR Part 900. Projects are to be for ambulatory health care facilities located apart from hospitals on municipal, private, or tribal land that provide health care services to eligible Indians. Funds may be provided for the:

- construction of new;
- construction of replacement;
- expansion of existing; or
- modernization of existing,

Funding provided under this authorization may cover up to 100 percent of the costs for the project.

For the P.L. 93-638 construction contract to be awarded under this program, pursuant to P.L. 106-291, at no time during construction or after completion of construction of the project, will the Federal Government have any rights or title to any real or personal property acquired as a part of the construction contract.

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C. APPLICANT ELIGIBILITY REQUIREMENTS

The program legislation, as amended by the language accompanying the FY 2001 appropriation, authorizes and specifies that FY 2001 funding can be provided only to eligible applicants who meet the program criteria and can demonstrate compliance with the following:

- ◆ Funding, under this authority, may be provided **only** to a Federally recognized Indian tribe or tribal organization, who **operates an Indian health care facility pursuant to a health care services contract** entered into **under** The Indian Self-Determination and Education Assistance Act, **P.L. 93-638**, when:
 - the facility is not owned or constructed by the IHS; or
 - the facility was not originally owned or constructed by the IHS and transferred to the tribe.
- ◆ The ambulatory health care facility in the proposed project is located apart from a hospital. ¹
- ◆ The proposed project has not received any funding already under Section 301 or Section 307 of P.L. 94-437. ²
- ◆ Upon completion of the proposed project, the health care facility will ³:
 - have a total capacity appropriate for its projected service population;
 - serve no less than 500 eligible Indians annually (Not applicable to a tribe or tribal organization, whose tribal government offices are located on an island.); and

¹ Apart from a hospital is defined that the health care facility in the proposed project must not be contiguous or immediately adjacent to a hospital.

² This is defined that the project has not received any funding already under Section 301 of P.L. 94-437, which deals with the IHS Health Facilities Construction Priority System for inpatient, outpatient, and staff quarters facilities; or with the expired Section 307, which deals with the Indian Health Care Delivery Demonstration Program. Funding has been provided to the IHS for Section 301, but no funding was ever appropriated for Section 307 before it expired.

³ For the purposes of carrying out the Small Ambulatory Program, the condition containing the phrase "no less than 500" is defined to mean that the proposed facility will serve no less than 500 active users as determined by the IHS User Population. Likewise, the phrase "not less than 2,000" relates to the IHS Service Population. The IHS Service Population is an approximate measure of the potential eligible Indians in a service area.

SECTION I - FY 2001 SAP PROGRAM ANNOUNCEMENT

- provide ambulatory care in a service area (specified in the services contract entered into under the P.L. 93-638) having not less than 2,000 eligible Indians (Not applicable to a tribe or tribal organization, whose tribal government offices are located on an island.).
- ◆ Must be able to provide reasonable assurances, that upon completion of the proposed project, the applicant will:
 - have adequate financial support available for providing the services at the health care facility;
 - make the health care facility available to eligible Indians without regard to ability to pay or source of payment; and
 - provide services to non-eligible persons on a cost basis, in accordance with Federal Law, without diminishing the quality or quantity of services provided to eligible Indians.
- ◆ A need exists for increased ambulatory health care services.
- ◆ Currently, there is insufficient capacity to deliver needed services.

D. SELECTION PROCESS

Using a two-step application process, as described herein, applications will be reviewed and validated. In the final step, an objective review panel will be used, as herein discussed. Selections will be made in accordance with the established criteria.

E. AWARD PROCESS

Construction contracts, administered pursuant to the conditions of The Indian Self-Determination and Education Assistance Act, P.L. 93-638, and applicable (as determined by the IHS) sections of 25 CFR Part 900 will be used as the means of providing the Federal assistance pursuant to the SAP. Construction contract awards will be made after the completion of the competitive selections and negotiations.

SECTION I - FY 2001 SAP PROGRAM ANNOUNCEMENT

PART II - APPLICATION PROCESS

There will be a two-step application process.

A. PRE-APPLICATION (PART ONE)

In Part One, the Pre-Application will be used to determine the basic eligibility, in accordance with the authorizing legislation, as amended by the FY 2001 appropriation language. Applicants demonstrating full eligibility in Part One will be invited to participate in Part Two.

B. FINAL APPLICATION (PART TWO)

In Part Two, the Final Application will be used for making competitive selections for award.

C. APPLICATION PROCESS SCHEDULE

Below is the tentative schedule for the FY 2001 program:

- | | |
|---|--------------------------|
| - Issue FY 2001 Program Announcement: | April 3, 2001 |
| - Application Kit available for distribution: | June 7, 2001 |
| - Due date for Pre-Application: | June 29, 2001 |
| - Applicants notified about Part I results: | (July 20, 2001 +/-) |
| - Due date for Final Application: | (September 14, 2001 +/-) |
| - Complete objective review for ranking | (October 18, 2001 +/-) |
| - Final selection | (October 25, 2001 +/-) |
| - Notice of selections issued | (November 1, 2001 +/-) |
| - Complete P.L. 93-638 construction contract negotiations | (December 6, 2001 +/-) |
| - Awards made | (December 27, 2001 +/-) |

PART III - EVALUATION CRITERIA FOR SELECTION

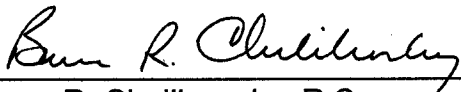
A. PRE-APPLICATION (PART ONE)

The Part One Pre-Application will be reviewed for compliance with the eligibility requirements provided by the program legislation, as amended by the FY 2001 appropriation language.

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B. FINAL APPLICATION (PART TWO)

Applicants deemed eligible through the Pre-Application process will be invited to submit a Final Application in Part Two. The Final Application will provide details to demonstrate need, as well as administrative and financial capabilities. Through an objective review process, applications will be reviewed, evaluated and ranked for selection. The objective review team will be composed of representatives from the IHS and tribes. To the extent feasible, objective review team members will not be associated with applying tribes. Objective review team members will be asked to excuse themselves from the processing of applications where they have any ties with the applying tribe or if there may be any appearance of a conflict of interest. Using the results received from the objective review team, final selections will be made by the Program Office (Division of Facilities Planning and Construction) at the IHS Headquarters. In concert with the respective IHS Area, the P.L. 93-638 construction contracts will be negotiated and awarded by the respective IHS offices of Engineering Services - Dallas or Seattle.



Bruce R. Chelikowsky, R.S.

Acting Director

Office of Environmental Health and Engineering

Office of Public Health



SECTION II

**APPLICATION
REQUIREMENTS**

for

FISCAL YEAR 2001

SMALL AMBULATORY PROGRAM

SECTION II
APPLICATION REQUIREMENTS
FISCAL YEAR 2001 SMALL AMBULATORY PROGRAM
INDIAN HEALTH SERVICE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

APPLICATION PROCESS

Applications will be received in a two-step process.

1. PRE-APPLICATION (PART ONE): In the first part of the application process, a Pre-Application will be used to provide the basic administrative project information and to determine the basic eligibility in compliance with the authorizing legislation, as amended by the FY 2001 appropriation language. Applicants demonstrating full eligibility will be invited to participate in the second part of the application process.

2. FINAL APPLICATION (PART TWO): In the second part of the application process, a Final Application will be used for making competitive selections for award. Since a P.L. 93-638 construction contract will be used as the means of providing the Federal assistance pursuant to the SAP, a cross reference to the applicable section of Subpart "J" of the implementing rule for P.L. 93-638, as contained in 25 CFR Part 900, is noted in brackets [900.xxx] along with each applicable element to be included in the Final Application.

PUBLIC REPORTING BURDEN FOR INFORMATION COLLECTION

(OMB Control Number: 1076-0136)

Public reporting burden for the collection of information needed for the Pre-Application is estimated to average 16 hours per response and to average 40 hours per response for the Final Application, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. ***An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number.*** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Indian Health Service Reports Clearance Officer, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852-1006, marked to the Attention: PRA (1076-0136). **(DO NOT RETURN THE COMPLETED PARTS OF THE APPLICATION FOR THIS PROGRAM TO THIS ADDRESS.)**

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APPLICATION CONTENT

PRE-APPLICATION

Purpose: The purpose of the Pre-Application is to establish communication between the applicant and the IHS; to determine the applicant's eligibility; to determine how well the project can compete with other similar applications; and to discourage applications that have little or no chance for Federal funding before applicant organizations incur significant expenditures for the preparation of a Final Application.

Each IHS Area has a Point-of-Contact to assist the applicant with the preparation of the Pre-Application. Appendix 1 to this Section II contains the list of IHS Areas Points-of-Contact.

The Pre-Application is **due** on **June 29, 2001**. See the Program Announcement, in Section I for details.

The Pre-Application is to contain and be assembled in the order shown below:

- A. **Pre-Application Cover Sheet.** The cover sheet is to identify that the document is a **Pre-Application for the FY 2001 Small Ambulatory Program**, show the **name of the applying tribe or tribal organization**, and reflect the **submission date**.
- B. **Table of Contents.** All pages of the Pre-Application are to be numbered. The Table of Contents is to list all sections in the Pre-Application, with the corresponding starting page numbers.
- C. **Pre-Application.** The Pre-Application is to contain the following sections, which are to be presented in the sequence shown, and is to be signed by the authorized official:
 - 1. **Date of Pre-Application Submission.**
 - 2. **Type of Submission.** Show "**Pre-Application for Indian Health Service, FY-2001 Small Ambulatory Program.**"
 - 3. **Applicant's Project Control Number.**
 - 4. **Descriptive Title of Applicant's Project.** Show the applicant's short descriptive title for the project.

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5. **Location of Project.** Provide the location of the proposed project.
6. **Type of Project.** Show which of the following four types of projects that applies for the application:
 - (a) Construction of a new health care facility. (Indicate that the proposed new facility will be a satellite of an existing health care facility.)
 - (b) Construction of a replacement health care facility.
 - (c) Expansion of an existing health care facility.
 - (d) Modernization of an existing health care facility.
7. **Amount of Federal Assistance Requested.** Show the dollar amount of Federal assistance being requested in this Pre-Application.
8. **Percentage of Total Project Cost.** Identify the percentage of the total project cost for which Federal assistance is being requested in this Pre-Application.
9. **Applicant's Administrative Project Information:**
 - (a) **Full Legal Name of Applicant.** [900.125(a)] Show the full legal name of the applicant. If the legal name of the applicant is different from that shown in the latest edition of the Federal Register that provides the Department of the Interior, Bureau of Indian Affairs, Notice of Indian Entities Recognized and Eligible to Receive Services From the United States Bureau of Indian Affairs (The latest Federal Register edition is Volume 65, Number 49, dated Monday, March 13, 2000.), show after the full legal name, in parentheses, the name appearing in the Federal Register.
 - (b) **Address of Applicant.** Show the actual street location, city, county, state and zip code. If the address for U.S. Postal Service delivery is different, please provide also.
 - (c) **Applicant's Federal Employer Identification Number (EIN).** Show the EIN as assigned by the U.S. Internal Revenue Service.

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- (d) **Organizational Unit of Applicant.** Show the name of the primary organizational unit of the applicant that will undertake the proposed activity.
- (e) **Applicant's Point-of-Contact Information.** Provide the name, voice telephone and "fax" telephone numbers (including Area Codes), and the "e-mail" address of the person to be contacted on matters involving this Pre-Application. If the address for the Point-of-Contact is different from that shown for the applicant, please provide also.
- (f) **Congressional District of Applicant.**
- (g) **Congressional District of Project.**
- (h) **Certification of Current Operation.** Provide a certification that the applicant is a Federally recognized Indian tribe or tribal organization, who currently is operating an Indian health care facility pursuant to a health care services contract or compact entered into under The Indian Self-Determination and Education Assistance Act, P.L. 93-638. Attach applicable portions of the current Contract, Compact, Annual Funding Agreement (AFA), or Funding Agreement (FA), that supports this certification.
- (i) **Certification of Ownership.** Provide a certification that the existing health care facility is not owned or constructed by the IHS, and that the health care facility was never owned or constructed by the IHS and transferred to the applicant. Identify the current legal owner.
- (j) **Certification That Project Is Not Part of a Hospital.** Provide a certification that the existing health care facility is located apart from a hospital. If a new satellite health care facility is proposed in the project, then certify that the new health care facility will be located apart from a hospital.
- (k) **Certification of Non-Receipt of Prior Funding.** Provide a certification that this project has not received any funding already under Sections 301 or 307 of P.L. 94-437. This is defined that the project has not received any funding already under Section 301 of P.L. 94-437, which deals with the IHS Health Facilities Construction Priority System for inpatient, outpatient and staff quarters facilities; or with the expired Section 307, which deals with the Indian Health Care Delivery

SECTION II - FY 2001 SAP APPLICATION REQUIREMENTS

Demonstration Program. Funding has been provided to the IHS for Section 301 projects, but no funding was ever appropriated for Section 307 before it expired. This certification satisfies the requirement in the authorizing legislation for the SAP.

- (l) **Assurances.** Provide a certification that, upon completion of the proposed project, the applicant will:
 - (1) Have adequate financial support available for providing the services at the health care facility.
 - (2) Make the health care facility available to eligible Indians, without regard to ability to pay or their source of payment.
 - (3) When services, which are feasible and otherwise authorized, are provided to non-eligible persons, such will be done on a cost basis, in accordance with Federal Laws, without diminishing the quality or quantity of services provided to eligible Indians.
- (m) **Tribal Support.** Attach the original of the Tribal Resolution supporting the proposed project.
- (n) **Governing Body's Authorization.** Attach the original of the Governing Body's Authorization for the authorized representative(s) of applicant to sign all documents for this program.

10. Information About Proposed Project:

- (a) **Description of Proposed Construction Project.** Provide a brief summary description of the proposed project. This is to include a brief scope of work and a brief description of the proposed method for accomplishing the proposed construction work. Discuss briefly the proposed method of providing staff to administer the construction work.
- (b) **Proposed Start and End Dates for Project.**
- (c) **Estimated Project Funding Requirements.** Show the estimated total project cost, and a breakdown of all contributions planned for financing the project. This breakdown would include, as applicable, the amount in this request, the amount to be paid by the applicant, and the amounts to be paid by other contributors.

SECTION II - FY 2001 SAP APPLICATION REQUIREMENTS

- (d) **Description of Health Care Programs and Services.** Briefly describe the health care programs and services being provided by the existing health care facility and identify the proposed changes that would be facilitated by accomplishing the proposed construction work. Show how a need exists for increased ambulatory health care services, and that, currently, there is insufficient capacity to deliver needed services. For any proposed modernization projects, demonstrate how the proposed modernization work is needed to enhance the health care program. Briefly describe how the completed facility will have a total capacity appropriate for the projected service population; that it will serve no less than 500 (user population) eligible Indians annually; and that it will provide ambulatory health care in a service area (specified in the P.L. 93-638 service contract or compact) having not less than 2,000 (service population) eligible Indians.

11. **Signature.** The Pre-Application is to be signed by the authorized representative of the applicant. (Note, this document must be signed by the person authorized in the Governing Body's Authorization, per Item 9(n) above.)

- D. **Pre-Application Checklist.** Using the guidance provided in Section IV, prepare a Pre-Application Checklist, use it to check-off components being included in the Pre-Application, and include it with the submission.
- E. **Pre-Application Receipt Card.** Section V contains two preprinted Receipt Cards. Cut apart the two cards provided. Retain the Final Application Receipt Card for later use. Using the Pre-Application Receipt Card provided, complete the top and bottom sections of the card. On the reverse side, address the bottom section back to the applicant. Attach the completed Pre-Application Receipt Card with the submission.

FINAL APPLICATION

Purpose: Eligibility having been declared and certified through the Pre-Application process, eligible applicants will be invited to submit a Final Application for the proposed construction project. The Final Application will supplement the administrative and eligibility information provided in the Pre-Application, and will provide more detailed information about the proposed project, which is needed for competitive selection. All the submitted information will be reviewed, validated, and evaluated; then, projects will

SECTION II - FY 2001 SAP APPLICATION REQUIREMENTS

be ranked for selection, considering the applicant's capability to execute the proposed project using the funds provided under the SAP. Section III of this Application Kit describes the Final Application Review Process.

Each IHS Area has a Point-of-Contact to assist the applicant with the preparation of the Final Application. Appendix 1 of this Section II contains the list of IHS Areas Points-of-Contacts.

The due date for the Final Application will be provided to successful applicants from the Pre-Application phase. **Final Applications will be submitted to the respective IHS Area.**

The **respective IHS Area** will review and validate the data contained in the Final Application. Then, the IHS Area will certify that the proposed project has been reviewed, is consistent with the IHS Area's master plans for health care facilities, and that the IHS Area supports and recommends the proposed project as presented in the Final Application. The complete Final Application with the IHS Area endorsement will be **forwarded** to the IHS Headquarters for final review, validation and objective review for final selection. The Objective Review Team concept will be used in this process.

The Final Application is to include:

- A. **Final Application Cover Sheet.** The cover sheet is to identify that the document is a **Final Application for the FY 2001 Small Ambulatory Program**, show the **name of the applying tribe or tribal organization**, and reflect the **submission date**.
- B. **Table of Contents.** All pages of the Final Application are to be numbered. The Table of Contents is to list all sections in the Final Application, with the corresponding starting page numbers.
- C. **Final Application.** The Final Application is to contain the following sections, which are to be presented in the sequence shown, and is to be signed by the authorized official:
 - 1. **Date of Final Application Submission.**
 - 2. **Type of Submission.** Show "**Final Application for Indian Health Service, FY-2001 Small Ambulatory Program.**"
 - 3. **Applicant's Project Control Number.**

SECTION II - FY 2001 SAP APPLICATION REQUIREMENTS

4. **Descriptive Title of Applicant's Project.** Show the applicant's short descriptive title for the project.
5. **Location of Project.** Provide the precise geographical location, including, as applicable, the street address, city, county, and state for the proposed health care facility project. Describe the service area for the health care facility. Provide location and site maps as attachments. These maps are to clearly show the location of the existing health care facility, any proposed new project site (including any proposed expansion at an existing site), and the service area. The location of the nearest hospital available to serve the eligible population is to be shown also.
6. **Type of Project.** Show which of the following four types of projects that applies for the application:
 - (a) Construction of a new health care facility. (Indicate that the proposed new facility will be a satellite of an existing health care facility.)
 - (b) Construction of a replacement health care facility.
 - (c) Expansion of an existing health care facility.
 - (d) Modernization of an existing health care facility.
7. **Amount of Federal Assistance Requested.** Show the dollar amount of Federal assistance being requested in this Final Application. (Note, this amount can be different from that presented in the Pre-Application, if the applicant deems it advisable to make the change.)
8. **Percentage of Total Project Cost.** Identify the percentage of the total project cost for which Federal assistance is being requested in this Final Application. (Note, this percentage can be different from that presented in the Pre-Application, if the applicant deems it advisable to make the change.)
9. **Full Legal Name of Applicant.** [900.125(a)] Show the full legal name of the applicant. If the legal name of the applicant is different from that shown in the latest edition of the Federal Register that provides the Department of the Interior, Bureau of Indian Affairs, Notice of Indian Entities Recognized and Eligible to Receive Services From the United States Bureau of Indian Affairs (The latest Federal Register edition is Volume 65, Number 49, dated

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Monday, March 13, 2000.), show after the full legal name, in parentheses, the name appearing in the Federal Register.

10. **Applicant's Administrative Project Information.** In this section, the applicant is to provide any updates and/or changes of information provided previously in Item 9 of the Pre-Application.
11. **Description of Proposed Construction Project.** Provide a description of the proposed construction project. If the project involves new, replacement, or expanded space, attach a space list with net areas (in square meters), and attach floor plan sketches depicting the proposed project, showing existing, if applicable, and the proposed changes. Provide the planned scope of work and how work is planned to be accomplished for the proposed project. [900.125(b)] This is to cite factors that might accelerate or decelerate the work of the proposed project, tying in how the requested Federal assisted funding will assist in the accomplishment of the project.
12. **Proposed Start and End Dates for Project.** (Revise and/or update that provided in the Pre-Application, if applicable.)
13. **Estimated Project Funding Requirements.** Show the estimated total project cost, and a breakdown of all contributions planned for financing the project. This breakdown would include, as applicable, the amount in this request, the amount to be paid by the applicant, and the amounts to be paid by other contributors. (Revise and/or update that provided in the Pre-Application, if applicable.)
14. **Description of Health Care Programs and Services.** Describe the health care programs and services being provided by the existing health care facility and identify the proposed changes that would be facilitated by accomplishing the proposed construction work. Show how a need exists for increased ambulatory health care services, and that, currently, there is insufficient capacity to deliver needed services. For any proposed modernization projects, demonstrate how the proposed modernization work is needed to enhance the health care program. Describe how the completed facility will have a total capacity appropriate for the projected service population; that it will serve no less than 500 (user population) eligible Indians annually; and that it will provide ambulatory health care in a service area (specified in the P.L. 93-638 service contract or compact) having not less than 2,000 (service population) eligible Indians. (Note, this item is to contain more detail than the brief summary provided in the Pre-Application.)

SECTION II - FY 2001 SAP APPLICATION REQUIREMENTS

15. **Construction Assurances.** Provide a certification that the applicant understands that, if a contract is awarded and funds are provided, funds will be provided for selected projects through a construction contract administered pursuant to the conditions of The Indian Self-Determination and Education Assistance Act, P.L. 93-638 and applicable sections of 25 CFR Part 900 (as determined by the IHS). Further, the proposal for this construction contract will contain the construction assurances shown in Section 900.125(c) of Subpart J of 25 CFR Part 900. Further, this P.L. 93-638 construction contract will not be made part of any P.L. 93-638 Contract, Compact, Annual Funding Agreement, or Funding Agreement, and will NOT be subject to "Tribal Shares," since the SAP is a specifically "earmarked" program that is not discretionary. Section 505 of Title V indicates that "Tribal Shares" are to be provided for discretionary programs, excluding congressionally "earmarked" competitive programs such as the SAP.
16. **Project Business Plan.** Provide a Project Business Plan that includes the proposed project management and financial management plans.
 - (a) The **Project Management Plan** is to include the proposed plan to manage the proposed project, including:
 - (1) **Proposed Organization.** Show the proposed organization that would be used to manage the project. Identify key personnel and provide information about their experience as it relates to the proposed project. Discuss the proposed method of providing staff for the administration of the proposed project. Documents such as position descriptions for proposed **key** staff, resumes for proposed **key** staff, and a proposed organization chart for the project administration could be provided as attachments.
 - (2) **Proposed Quality Control Procedures.** Discuss how applicant plans to ensure compliance for the below identified items:
 - ((a)) For design activities, construction documents produced for the proposed project are to be in accordance with the approved scope of work. [900.125(b)(1)]
 - ((b)) Tribally proposed construction standards, procedures, and methods (including national, regional, state, or tribal building codes or construction industry standards) are consistent

SECTION II - FY 2001 SAP APPLICATION REQUIREMENTS

with or exceed applicable Federal standards [900.125(b)(1) and 900.125(b)(2)]

- ((c)) Adherence to approved plans and specifications (including any applicable Federal construction guidelines and manuals), plus any IHS approval of tribal proposals for alternatives which are consistent with or exceed Federal guidelines or manuals applicable to construction programs. [900.125(a)(8) and 900.125(b)(2)]
 - ((d)) The use of proper materials and workmanship. [900.125(a)(9)]
 - ((e)) Necessary inspection and testing. [900.125(a)(10)]
 - ((f)) A process for changes, modifications, stop work and termination of the work when warranted. [900.125(a)(11)]
 - ((g)) Proposed method to insure adequate competition for subcontracting under tribal or other applicable law. [900.125(a)(6)]
 - ((h)) Quality control to insure compliance with applicable health and safety standards. [900.125(a)(2)]
 - ((i)) Adherence to applicable Federal, State, local, or tribal building codes and engineering standards [900.125(a)(3)] to ensure structural integrity [900.125(a)(4)].
 - ((j)) Identification of any tribal laws, ordinances, and resolutions which may affect either party in the performance of the P.L. 93-638 construction contract. [900.125(d)]
- (3) **Proposed Methods of Management.** Discuss the proposed methods to accommodate the following responsibilities:
- ((a)) The responsibilities of the IHS pursuant to the conditions of Sections 900.125(b)(3) and 900.131 of Subpart J of 25CFR Part 900.

SECTION II - FY 2001 SAP APPLICATION REQUIREMENTS

- ((b)) The responsibilities of the tribe pursuant to the conditions of Sections 900.125(b)(4) and 900.130 of Subpart J of 25CFR Part 900.
- (4) **Anticipated Key Assistance.** Discuss the anticipated types of key assistance for the project. This would include the identification of organizations planned for the planning, design, construction management [900.125(b)(8)], and construction of the project. Identify the licensed and qualified architect proposed for the design effort for the project. [900.125(a)(1)]
- (5) **Proposed Project Time Schedule.** Provide a proposed project time schedule, pointing out key milestones and proposed methods to insure timely performance and completion of the project. [900.125(a)(7) and 900.125(b)(6)]
- (b) The **Project Financial Management Plan** [900.125(a)(5)] is to provide financial information about the proposed project, including:
 - (1) **Financing Plan.** Describe how the proposed project is to be financed. Identify proposed funding sources and amounts. Specify if funds will be available immediately. If not, identify when funds are anticipated. Considering this proposed commitment, indicate if the project will be viable if any of the anticipated funds are not provided. Identify anticipated payment schedule for funds being requested pursuant to the SAP. [900.125(b)(7)]
 - (2) **Construction Budget.** [900.125(b)(5) and 900.127] Provide a table that reflects the projected cost breakdown for the proposed project. For each of the cost items shown below, show the total estimated cost for the item and another column that shows the amount included in this request for Federal assistance.
 - ((a)) Administrative and legal expenses.
 - ((b)) Site acquisition costs.
 - ((c)) Planning costs.
 - ((d)) Design costs.
 - ((e)) Engineering services costs.
 - ((f)) Project inspection costs.
 - ((g)) Site work.
 - ((h)) Demolition and removal.

SECTION II - FY 2001 SAP APPLICATION REQUIREMENTS

- ((i)) Construction.
- ((j)) Equipment.
- ((k)) Miscellaneous.
- ((l)) Subtotal [Sum of Items ((a)) thru ((k))].
- ((m)) Contingencies.
- ((n)) Total project costs [Sum of Items ((l)) and ((m))].

- (3) **Funding Needs Schedule.** In a time table relate the Financing Plan with the project Construction Budget to show when funding is needed for the major elements of the project. This schedule is to show that funds will be available when needed for the identified components of the proposed project.
- 17. A copy of the latest **Single-Agency Audit Report** for the existing contract or compact.
 - 18. **Need for Project Calculation.** Following the instructions for this item in the Ranking Factors of Section III, provide the specified calculation with the backup support documents.
 - 19. **Delivery Capability Brief.** Following the instructions for this item in the Ranking Factors of Section III, provide the specified brief.
 - 20. **Construction Capability Brief.** Following the instructions for this item in the Ranking Factors of Section III, provide the specified brief.
 - 21. **Applicant Financial Contribution Brief.** Following the instructions for this item in the Ranking Factors of Section III, provide the specified brief.
 - 22. **Signature.** The Final Application is to be signed by the authorized representative of the applicant. (Note, this document must be signed by the person authorized in the Governing Body's Authorization, that was provided with the Pre-Application pursuant to Item 9(n) of the Pre-Application.)
- D. **Final Application Checklist.** Using the guidance provided in Section IV, prepare a Final Application Checklist, use it to check-off components being included in the Final Application, and include it with the submission.
 - E. **Final Application Receipt Card.** Section V contained two preprinted Receipt Cards. When the Pre-Application was submitted the two cards were cut apart and the Final Receipt Card was retained. Using the Final Application Receipt Card

SECTION II - FY 2001 SAP APPLICATION REQUIREMENTS

provided, complete the top and bottom sections of the card. On the reverse side, address the bottom section back to the applicant. Attach the completed Final Application Receipt Card with the submission.

COMPLETING AND SUBMITTING THE APPLICATION

PREPARATION AND ASSEMBLING

Both parts of the application are to be prepared in the English language. Avoid jargon and do not use abbreviations until they have been spelled out first in the text. To facilitate review, validation and selection, both parts of the application are to be prepared and submitted conforming to the below requirements:

- S Standard size, 8-1/2" x 11," white paper is to be used.
- S All parts of the application are to be typewritten, single spaced where possible, with a regular font style and not smaller than 12 pt font size.
- S All four border margins are to be one inch.
- S All documents are to be printed on one side only, with **black** ink.
- S Application documents are to be loose and **not bound** or **stapled**.
- S The Cover Sheet should identify that the Pre-Application or Final Application is for the "Fiscal Year 2001 Small Ambulatory Program." Show the name of the applying tribe or tribal organization, and the submission date.
- S All pages are to have a header or footer identifying the name of the applicant.
- S All pages are to be consecutively numbered.
- S The application components are to be arranged in the same sequence as listed above.
- S The completed applications should be signed in black ink by the authorized official of the applying organization.
- S An **ORIGINAL** and **TWO SIGNED COPIES** are to be clearly marked as such and submitted.

SECTION II - FY 2001 SAP APPLICATION REQUIREMENTS

MAILING

Mail the completed **Pre-Application** to:

**Division of Facilities Planning and Construction
Indian Health Service
Suite 600C
12300 Twinbrook Parkway
Rockville, MD 20852**

Mark on the Pre-Application envelope: **"Attention: SAP PRE-APPLICATION"**

The **Final Application** is to be mailed **to** the respective Point-of-Contact for the **applicable IHS Area**. The applicable mailing address will be provided to the applicant in the notice of acceptance of the Pre-Application and request for a Final Application.

Mark on the Final Application envelope: **"Attention: SAP FINAL APPLICATION."**

The Pre-Application and Final Application are to be mailed to meet the established deadline dates. The deadline date for the Pre-Application is shown in the Amended Program Announcement. The deadline date for the Final Application will be established and provided with the notice of acceptance of the Pre-Application, following the processing of the Pre-Application.

ACKNOWLEDGMENT

Using the Pre-Application and the Final Application Receipt Cards provided in Section V, as applicable, the applicant will be sent a written acknowledgment of receipt of the respective application part at the IHS Headquarters within three working days of receipt of the application part. Note, the applicant must complete the top and bottom of this card and address the bottom section back to the applicant. The Government will note the date of receipt and mail the card back to the applicant.

LATE APPLICATION

Each part of the application will be considered to be "on time" if it is: (1) received on or before the established deadline date; or, (2) sent on or before the established deadline date and received in time for orderly processing. The applicant should request a legibly dated U.S. Postal Service postmark on the envelope, and/or obtain a legibly dated receipt from the U.S. Postal Service or commercial delivery service. Private

SECTION II - FY 2001 SAP APPLICATION REQUIREMENTS

metered mail postmark will **not** be accepted as proof of timely mailing. A late application will **not** be accepted for processing and will be returned to the applicant.

NONCONFORMING APPLICATION

An application which is determined to be nonconforming will **not** be accepted for processing and will be returned to the applicant. An application may be classified as nonconforming if it does not meet the requirements of the Program Announcement and the submission requirements provided in this Application Kit.

APPLICATION REVIEW

An application will be reviewed, evaluated and processed in accordance with the criteria and priorities established for each application phase. The Final Application will be rated and ranked in accordance with the criteria provided in Part III.

UNSUCCESSFUL APPLICANT

After a decision has been reached to not fund the project proposed in an application, a written notice will be sent to the unsuccessful applicant within 30 days after the decision.

PRIVACY ACT

The Privacy Act of 1974 (5 U.S.C. § 552a), with certain exceptions, permits individuals (U.S. citizens or permanent resident aliens) to gain access to information pertaining to themselves in Federal agency records, to have a copy made of all or any part thereof, to correct or amend such records, and to permit individuals to make requests concerning what records pertaining to themselves, are collected, maintained, used or disseminated. The Act also prohibits disclosure of individuals' records without their written consent, except under certain circumstances as prescribed by the Privacy Act.

FREEDOM OF INFORMATION ACT

The Freedom of Information Act (5 U.S.C. § 552) allows requesters to have access to Federal agency records, except those which have been exempted by the Act.

APPENDIX 1
SECTION II - FY 2001 SAP APPLICATION REQUIREMENTS
LISTING OF POINTS-OF-CONTACT FOR IHS AREAS

ABERDEEN AREA INDIAN HEALTH SERVICE

Marty LaRoche
Director, Facilities Management
Aberdeen Area Indian Health Service
115 Fourth Avenue, SE
Aberdeen, SD 57401

TEL: 605-226-7461
FAX: 605-226-7580
E-Mail: marty.laroche@mail.ihs.gov

ALASKA AREA INDIAN HEALTH SERVICE

Douglas C. Ott, P.E.
Area Facilities Engineer
Alaska Area Native Health Service
3925 Tudor Centre Drive
Anchorage, AK 99508-5997

TEL: 907-729-3610
FAX: 907-271-4735
E-Mail: dott@oehe.alaska.ihs.gov

ALBUQUERQUE AREA INDIAN HEALTH SERVICE

Darrell LaRoche
Director, Division of Health Facilities
5300 Homestead Road, NE
Albuquerque, NM 87110

TEL: 505-248-4947
FAX: 505-248-4678
E-Mail: dlaroche@albmail.albuquerque.ihs.gov

Alternate:

Lucinda Harris
Project Coordinator
Division of Health Facilities
5300 Homestead Road, NE
Albuquerque, NM 87110

TEL: 505-248-4142
FAX: 505-248-4678
E-Mail: lharris@albmail.albuquerque.ihs.gov

BEMIDJI AREA INDIAN HEALTH SERVICE

Ken Olson
Facilities Engineer
Facilities Management
Bemidji Area Indian Health Service
522 Minnesota Avenue, NW
Bemidji, MN 56601

TEL: 218-759-3376
FAX: 218-759-3504
E-Mail: kenneth.olson@mail.ihs.gov

Alternate:

Victor Mosser
Acting Director
Office of Environmental Health and Engineering
Bemidji Area Indian Health Service
522 Minnesota Avenue, NW
Bemidji, MN 56601

TEL: 218-759-3354
FAX: 218-759-3504
E-Mail: victor.mosser@mail.ihs.gov

BILLINGS AREA INDIAN HEALTH SERVICE

Gary McFarland
Facilities Management Officer
Billings Area Indian Health Service
2900 Fourth Avenue North
P.O. Box 36600
Billings, MT 59107

TEL: 406-247-7091
FAX: 406-247-7229
E-Mail: gary.mcfarland@mail.ihs.gov

APPENDIX 1
SECTION II - FY 2001 SAP APPLICATION REQUIREMENTS
LISTING OF POINTS-OF-CONTACT FOR IHS AREAS

CALIFORNIA AREA INDIAN HEALTH SERVICE

Kerry Gragg, P.E.
Area Facilities Engineer
California Area Indian Health Service
650 Capitol Mall, Third Floor
Sacramento, CA 95814

TEL: 916-930-3981, Extension 341
FAX: 916-930-3954
E-Mail: kerry.gragg@mail.ihs.gov

NASHVILLE AREA INDIAN HEALTH SERVICE

George Styer
Facilities Engineer
Nashville Area Indian Health Service
711 Stewarts Ferry Pike
Nashville, TN 37214-2634

TEL (Until August 1, 2001): 315-682-3167
TEL (After August 1, 2001): 615-467-1535
E-Mail: george.styer2@mail.ihs.gov

Alternate:

Ray Behel
Area Facilities Engineer
Nashville Area Indian Health Service
711 Stewarts Ferry Pike
Nashville, TN 37214-2634

TEL: 615-467-1535
FAX: 615-736-2433
E-Mail: ray.behel@mail.ihs.gov

NAVAJO AREA INDIAN HEALTH SERVICE

Gilbert Harrison
Director, Division of Facilities Management
Navajo Area Indian Health Service
Highway 264 @ St. Michaels
P.O. Box 9020
Window Rock, AZ 86515-9020

TEL: 520-871-5839
FAX: 520-871-1478
E-Mail: gilbert.harrison@navajo.ihs.gov

OKLAHOMA CITY AREA INDIAN HEALTH SERVICE

Ken McKenzie
General Engineer
Facilities Management Branch
Oklahoma City Area Indian Health Service
Five Corporate Plaza
3625 NW 56th Street
Oklahoma City, OK 73112

TEL: 405-951-3857
FAX: 405-951-3972
E-Mail: ken.mckenzie@mail.ihs.gov

PHOENIX AREA INDIAN HEALTH SERVICE

Dennis Barber, P.E.
Director, Division of Facilities Management
Phoenix Area Indian Health Service
40 North Central Avenue
Phoenix, AZ 85004

TEL: 602-364-5082
FAX: 602-364-5057
E-Mail: dennis.barber@mail.ihs.gov

APPENDIX 1
SECTION II - FY 2001 SAP APPLICATION REQUIREMENTS
LISTING OF POINTS-OF-CONTACT FOR IHS AREAS

PORTLAND AREA INDIAN HEALTH SERVICE

Gene F. Kompkoff
General Engineer
Division of Health Facilities Engineering
Portland Area Indian Health Service
1220 S.W. Third Avenue - Room 476
Portland, OR 97204

TEL: 503-326-3104
FAX: 503-326-7280
E-Mail: gkompkof@pao.portland.ihs.gov

TUCSON AREA INDIAN HEALTH SERVICE

Roger Carmichael
Chief, Area Facilities Management Branch
Tucson Area Indian Health Service
7900 South "J" Stock Road
Tucson, AZ 85746-7012

TEL: 520-295-2580
FAX: 520-295-2409
E-Mail: roger.carmichael@mail.ihs.gov



SECTION III

APPLICATION REVIEW PROCESS

for

FISCAL YEAR 2001

SMALL AMBULATORY PROGRAM

SECTION III
APPLICATION REVIEW PROCESS
FISCAL YEAR 2001 SMALL AMBULATORY PROGRAM
INDIAN HEALTH SERVICE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRE-APPLICATION

The Pre-Application will be reviewed for compliance with the eligibility requirements shown in the Amended Program Announcement, provided in Section I. Section II of this Application Kit contains the list of items that must be submitted for the Pre-Application phase. Applicants who demonstrate full eligibility will be invited to submit a Final Application.

FINAL APPLICATION

The Final Application will be evaluated to determine the applicant's ability to do the proposed project and will be scored in accordance with the below described evaluation criteria, then ranked for selection.

- ◆ The need for the project. (Maximum 40 points)
- ◆ Delivery capability. (Maximum 40 points)
- ◆ Construction capability. (Maximum 15 points)
- ◆ Applicant Contribution. (Maximum 5 points)

Information Items:

The following components of the Final Application will present information about the proposed project:

Item No. Item Description

1. Date of Final Application Submission.
2. Type of Submission.
3. Applicant's Project Control Number.
4. Descriptive Title of Applicant's Project.
5. Location of Project.

SECTION III - FY 2001 SAP APPLICATION REVIEW PROCESS

6. Type of Project.
7. Amount of Federal Assistance Requested.
8. Percentage of Total Project Cost.
9. Full Legal Name of Applicant.
10. Applicant's Administrative Project Information.
11. Description of Proposed Construction Project.
12. Proposed Start and End Dated for Project.
13. Estimated Project Funding Requirements.
14. Description of Health Care Programs and Services.
15. Construction Assurances.
16. Project Business Plan
17. Latest Single-Agency Audit Report.
22. Signature.

Ranking Factors:

Item 18. Need for Project Calculation (Maximum 40 points)

Description: To develop a basis for a comparison of the need for all four types of construction authorized in the SAP, applicant is to perform the following calculation. This calculation considers the existing space size as related to the user population and adjusts the derived factor by the age and condition of the existing health care facility and the distance from the nearest hospital, within the definitions provided.

SECTION III - FY 2001 SAP APPLICATION REVIEW PROCESS

Calculation:

A.	Existing size of health care facility	m ²
B.	Age of existing health care facility [Use in Table 1]	
C.	Facility Age Factor (From Table 1)	
D.	Condition Factor (From condition factor calculation, using Table 2)	
E.	Average Active User Population	
F.	Need Index (age and condition adjusted size in m ² per active user) = Size (Line A) x Facility Age Factor (Line C) x Condition Factor (Line D) ÷ Average Active User Population (Line E) [Use in Table 3]	
G.	Need for Project Score (From Table 3)	
H.	Distance to Nearest Hospital [Use in Table 4]	
I.	Distance Factor (From Table 4)	
J.	Adjusted Need for Project Score = Need for Project Score (Line G) x Distance Factor (Line I)	

Facility Age Factor: Using the age of the existing health care facility shown on Line B, obtain the Facility Age Factor from Table 1; then, enter this value on line C.

Table 1
Facility Age Factor

AGE (YEARS)	AGE FACTOR
9 and Less	1.00
10 - 14	0.95
15 - 19	0.90
20 - 24	0.85
25 - 29	0.80
30 & Greater	0.75

SECTION III - FY 2001 SAP APPLICATION REVIEW PROCESS

Condition Factor: Using Table 2, mark (circle) the appropriate condition points for each component of the structure. Add up the circled points and divide the total by 26 to determine the Condition Factor. Enter the Condition Factor on Line D. Guidance to be used for determining the condition of the existing facility follows:

GOOD: Structurally sound and requires only normal maintenance.

FAIR: Structurally sound, but requires minor repairs to upgrade to GOOD condition. Estimated cost of repairs is less than 10% of current book value.

POOR: Structural members or major structural components must be replaced to upgrade to GOOD condition. Estimated cost of repairs is more than 10% and less than 20% of current book value.

Table 2
Condition Points

CATEGORY	CONDITION RATING AND POINTS		
	GOOD	FAIR	POOR
Structural	4.0	2.0	1.0
Mechanical	4.0	2.0	1.0
Electrical	4.0	2.0	1.0
Fire & Life Safety	4.0	2.0	1.0
Floor Plan	4.0	2.0	1.0
Energy Management	2.0	1.0	0.5
Handicap Access	2.0	1.0	0.5
Site / Environmental	2.0	1.0	0.5

SECTION III - FY 2001 SAP APPLICATION REVIEW PROCESS

Need for Project Score: Using the Need Index shown on Line F, obtain the Need for Project Score from Table 3; then, enter this value on Line G.

Table 3
Need for Project Score

NEED INDEX	NEED FOR PROJECT SCORE
0.10 or less	40
0.11 - 0.20	35
0.21 - 0.30	30
0.31 - 0.40	25
0.41 - 0.50	20
0.51 - 0.60	15
0.61 - 0.70	10
0.71 - 0.80 & greater	5

SECTION III - FY 2001 SAP APPLICATION REVIEW PROCESS

Distance Factor: Using the distance to the nearest hospital shown on Line H, obtain the Distance Factor from Table 4; then, enter this value on Line I.

Table 4
Distance Factor

DISTANCE TO NEAREST HOSPITAL (km)	DISTANCE FACTOR
0 - 10	0.10
11 - 20	0.30
21 - 30	0.50
31 - 40	0.70
41 - 49	0.90
50 and greater	1.00

Evaluation: The Objective Review Team (ORT) will verify the calculated score.

Item 19. Delivery Capability Brief (Maximum 40 points)

Description: Discuss the capability of the applicant to successfully provide ambulatory care services at the required level for the proposed service population after the construction work is completed. Describe how this facility and this project is part of the overall master plan for the IHS Area. Provide a **Facility Business Plan** for the delivery of the ambulatory services after the construction work is completed. This **Facility Business Plan** is to include a **Management Plan** and a **Financial Management Plan**. The **Management Plan** is to include a description of the organization that will be used to manage the health care facility (An organization chart could be provided as an attachment to assist with this documentation.), identification of key personnel with information about their experience (Position descriptions and/or resumes could be provided as attachments to assist with this documentation.), and a discussion about the quality control procedures to be used. The **Financial Management Plan** is to include a balance sheet that shows the current revenues and operating costs, and the financial projections. The conditions shown in the **Single-Agency Audit Report**, provided in **Item 17**, are to be discussed and addressed. Tie in

SECTION III - FY 2001 SAP APPLICATION REVIEW PROCESS

the information presented in **Item 14, Description of Health Care Programs and Services**, to show how the proposed project will enable the major health needs to be met better and improve the delivery capability. (This brief is not to exceed five typed pages.)

Evaluation: **Item 19** will be evaluated by the ORT along with **Item 14** to determine the applicant's capability to provide the necessary ambulatory care services for the projected service population. Assurances for financial support, as well as, direct medical capability will be considered. The extent and thoroughness of planning and the financial conditions provided in the **Single-Agency Audit Report of Item 17** will be considered also.

Item 20. Construction Capability Brief (Maximum 15 points)

Description: Discuss the capability of the applicant to successfully complete the proposed construction project. Discuss and document previous experience in construction management, including the planned and actual schedules, cost management, safety record and awareness, quality control, and lessons learned. Tie in the information provided in **Item 11, Description of Proposed Construction Project**, and **Item 16, Project Business Plan**, to show that the applicant is capable of managing the proposed construction project.

Evaluation: **Item 20** will be evaluated by the ORT, along with **Items 11 and 16**, to determine the extent the applicant has the capability to manage the proposed construction project, keeping on schedule, within the budget, with a safe operation and with good quality control.

Item 21. Applicant Financial Contribution Brief (Maximum 5 points)

Description: Identify the amount of financial contribution proposed to be made by the applicant and other non-IHS sources. Tie in the information provided in **Item 7, Amount of Federal Assistance Requested**; **Item 8, Percentage of Total Project Cost**; **Item 13, Estimated Project Funding Requirements**; and **Item 16.(b), Project Financial Management Plan**.

Evaluation: **Item 21** will be evaluated by the ORT along with **Items 7, 8, 13 and 16.(b)**, to determine the extent the applicant is willing to commit non-IHS resources to the project. Higher scores will be given to applicants who have funds immediately available than those who indicate potential availability.

SECTION III - FY 2001 SAP APPLICATION REVIEW PROCESS

DEFINITIONS

Existing size of health care facility: The size, in gross square meters (m²), of the existing health care facility being operated currently by the applicant pursuant to an existing health care services P.L. 93-638 services contract or compact, as reflected in the official real property records, is to be used. Applicant is to identify the basis of the amount of existing space reflected, including a scaled drawing of the existing facility, if such is needed to document the reported size.

Age of existing health care facility: The age of the existing health care facility, as reflected in the official real property records, is to be used. Applicant is to identify the basis of the age reflected, and document how the age was determined.

Average User Population: The Average User Population is the count of American Indian and Alaska Native people eligible for IHS services, who are residents of the service unit and have used those services at least once during the last three-year period. The IHS user population estimates are based on data from the IHS Patient Registration System. Those registered Indian patients who had at least one direct or contract inpatient stay or outpatient visit, or a direct dental visit (as recorded in the database) during the last three years are defined as "users." The user population estimate system does not give credit for "users" who cross service unit boundaries. The applicant is to identify the basis of the average user population reflected, and document how the user population was determined.

Nearest hospital: The hospital to be used in this calculation is the hospital that has the capacity, will accept the eligible Indians residing in the service area for the health care facility in the proposed project, and will offer ambulatory services and Level I, II, or III emergency room services.

Distance: The distance measurement is in kilometers (km). There is no distinction whether the travel is by air, over water, or on a road.

Objective Review Team: The Objective Review Team (ORT), having knowledge of the content of the Application Kit, will review each application, assign tentative scores and rank the applications, in accordance with the Guide for Objective Review, which will be provided to the team members. The ORT will make recommendations for approval or disapproval of each application.



SECTION IV

APPLICATION CHECKLISTS

for

FISCAL YEAR 2001

SMALL AMBULATORY PROGRAM

SECTION IV
APPLICATION CHECKLISTS
FISCAL YEAR 2001 SMALL AMBULATORY PROGRAM
INDIAN HEALTH SERVICE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

To assist the applicant in submitting the Pre-Application and the Final Application for the Fiscal Year 2001 Small Ambulatory Program, and to assist the IHS review process, the applicant should prepare and submit a Checklist for each part of the application. See Section II for the specific requirements for each item. The suggested contents for the checklists are on the following pages.

**SECTION IV
APPLICATION CHECKLISTS
FISCAL YEAR 2001 SMALL AMBULATORY PROGRAM
INDIAN HEALTH SERVICE
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

PRE-APPLICATION CHECKLIST:

ITEM NO.	ITEM	APPLICANT CHECK-OFF	IHS CHECK-OFF
A.	Pre-Application Cover Sheet.		
B.	Table of Contents.		
C.	Pre-Application:		
C.1.	Date of Pre-Application Submission.		
C.2.	Type of Submission: Show " Pre-Application for Indian Health Service, FY 2001 Small Ambulatory Program. "		
C.3.	Applicant's Project Control Number.		
C.4.	Descriptive Title of Applicant's Project.		
C.5.	Location of Project:		
C.6.	Type of Project: Show which of the 4 types that applies.		
C.7.	Amount of Federal Assistance Requested.		
C.8.	Percentage of Total Project Cost.		
C.9	Applicant's Administrative Project Information:		
C.9. (a)	Full Legal Name of Applicant: Be sure entry agrees with Federal Register, as noted.		
C.9. (b)	Address of Applicant.		
C.9. (c)	Applicant's Federal EIN.		

SECTION IV - FY 2001 SAP APPLICATION CHECKLISTS

ITEM NO.	ITEM	APPLICANT CHECK-OFF	IHS CHECK-OFF
C.9. (d)	Organizational Unit of Applicant: Show name of action office for the project.		
C.9. (e)	Applicant's Point-of-Contact Information.		
C.9. (f)	Congressional District of Applicant.		
C.9. (g)	Congressional District of Project.		
C.9. (h)	Certification of Current Operation: Attach applicable portions of current Contract, Compact, AFA or FA.		
C.9. (i)	Certification of Ownership.		
C.9. (j)	Certification That Project is Not Part of a Hospital.		
C.9. (k)	Certification of Non-Receipt of Prior Funding.		
C.9. (l)	Assurances: Provide certification about conditions required upon completion of project.		
C.9. (m)	Tribal Support: Attach the original of the Tribal Resolution supporting the proposed project.		
C.9. (n)	Governing Body's Authorization: Attach the original of the Governing Body's Authorization for the authorized representative(s) of applicant to sign all documents for this program.		
C. 10.	Information about Proposed Project:		
C.10. (a)	Description of Proposed Construction Project.		
C.10. (b)	Proposed Start and End Dates for Project.		

SECTION IV - FY 2001 SAP APPLICATION CHECKLISTS

ITEM NO.	ITEM	APPLICANT CHECK-OFF	IHS CHECK-OFF
C.10. (c)	Estimated Project Funding Requirements.		
C.10. (d)	Description of Health Care Programs and Services.		
C.11.	Signature: The Pre-Application is to be signed by the authorized representative of the applicant.		
D.	Pre-Application Checklist.		
E.	Pre-Application Receipt Card.		
	Mail one original and two signed copies of the Pre-Application, directly to the IHS Headquarters. Mark on the envelope: Attention: SAP PRE-APPLICATION.		

Name of applicant's preparer: _____ Date: _____

Name of IHS reviewer: _____ Date: _____

SECTION IV - FY 2001 SAP APPLICATION CHECKLISTS

FINAL APPLICATION CHECKLIST:

ITEM NO.	ITEM	APPLICANT CHECK-OFF	IHS AREA CHECK-OFF	IHS HQ CHECK-OFF
A.	Final Application Cover Sheet.			
B.	Table of Contents.			
C.	Final Application:			
C.1.	Date of Final Application Submission.			
C.2.	Type of Submission: Show "Final Application for Indian Health Service, FY 2001 Small Ambulatory Program."			
C.3.	Applicant's Project Control Number.			
C.4.	Descriptive Title of Applicant's Project.			
C.5.	Location of Project: Attach maps showing project location, project site, and the service area.			
C.6.	Type of Project: Show which of the 4 types that applies.			
C.7.	Amount of Federal Assistance Requested.			
C.8.	Percentage of Total Project Cost.			
C.9.	Full Legal Name of Applicant: Be sure entry agrees with Federal Register, as noted.			
C.10.	Applicant's Administrative Project Information: This section is to contain only any updates and/or changes of information provided in Pre-Application Item 9.			
C.11.	Description of Construction Project: If applicable, attach a space list and floor plan sketches. Provide planned scope of work.			

SECTION IV - FY 2001 SAP APPLICATION CHECKLISTS

ITEM NO.	ITEM	APPLICANT CHECK-OFF	IHS AREA CHECK-OFF	IHS HQ CHECK-OFF
C.12.	Proposed Start and End Dates for Project.			
C.13.	Estimated Project Funding Requirements.			
C.14.	Description of Health Care Programs and Services.			
C.15.	Construction Assurances.			
C.16.	Project Business Plan:			
C.16. (a)	Project Management Plan:			
C.16. (a)(1)	Proposed Organization: Attach position descriptions and resumes for key staff, and an organization chart.			
C.16. (a)(2)	Proposed Quality Control Procedures.			
C.16. (a)(2) ((a))	Compliance with 900.125(b)(1).			
C.16. (a)(2) ((b))	Compliance with 900.125(b)(1) and 900.125(b)(2).			
C.16. (a)(2) ((c))	Compliance with 900.125(a)(8) and 900.125(b)(2).			
C.16. (a)(2) ((d))	Compliance with 900.125(a)(9).			
C.16. (a)(2) ((e))	Compliance with 900.125(a)(10).			

SECTION IV - FY 2001 SAP APPLICATION CHECKLISTS

ITEM NO.	ITEM	APPLICANT CHECK-OFF	IHS AREA CHECK-OFF	IHS HQ CHECK-OFF
C.16. (a)(2) ((f))	Compliance with 900.125(a)(11).			
C.16. (a)(2) ((g))	Compliance with 900.125(a)(6).			
C.16. (a)(2) ((h))	Compliance with 900.125(a)(2).			
C.16. (a)(2) ((i))	Compliance with 900.125(a)(3) and 900.125(a)(4).			
C.16. (a)(2) ((j))	Compliance with 900.125(d).			
C.16. (a)(3)	Proposed Methods of Management.			
C.16. (a)(3) ((a))	Compliance with 900.124(b)(3) and 900.131.			
C.16. (a)(3) ((b))	Compliance with 900.125(b)(4) and 900.130.			
C.16. (a)(4)	Anticipated Key Assistance.			
C.16. (a)(5)	Proposed Project Time Schedule.			
C.16. (b)	Project Financial Management Plan:			

SECTION IV - FY 2001 SAP APPLICATION CHECKLISTS

ITEM NO.	ITEM	APPLICANT CHECK-OFF	IHS AREA CHECK-OFF	IHS HQ CHECK-OFF
C.16. (b)(1)	Financing Plan.			
C.16. (b)(2)	Construction Budget.			
C.16. (b)(3)	Funding Needs Schedule.			
C.17	Copy of latest Single-Agency Audit Report.			
C.18.	Need for Project Calculation.			
C.19.	Delivery Capability Brief: Include a Facility Business Plan, with a Management Plan and a Financial Management Plan.			
C.20.	Construction Capability Brief.			
C.21.	Applicant Financial Contribution Brief.			
C.22.	Signature: The Final Application is to be signed by the authorized representative of the applicant.			
D.	Final Application Checklist.			
E.	Final Application Receipt Card.			
	Mail one original and two signed copies of the Final Application, directly to the applicable IHS Area . Mark on the envelope: Attention: SAP FINAL APPLICATION.			

Name of applicant's preparer: _____ Date: _____

Name of IHS Area Reviewer: _____ Date: _____

Name of IHS HQ Reviewer: _____ Date: _____



SECTION V

**APPLICATION
RECEIPT CARDS**

for

FISCAL YEAR 2001

SMALL AMBULATORY PROGRAM

SECTION V
APPLICATION RECEIPT CARDS
FISCAL YEAR 2001 SMALL AMBULATORY PROGRAM
INDIAN HEALTH SERVICE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Attached are two receipt cards printed on one page. Cut apart and use the applicable card, one for the Pre-Application and one for the Final Application. Complete the top and bottom on each card. On the reverse side, address the bottom section back to the applicant. The IHS Headquarters will retain the top part of the card and mail back the bottom part after noting the date of receipt on the card.

PRE-APPLICATION RECEIPT RECORD

TO APPLICANT: Complete TOP and BOTTOM of this card. On reverse side, address bottom section to yourself.

DO NOT TEAR APART. RETURN WITH THE PRE-APPLICATION.

APPLICANT ORGANIZATION (Name and Address):

APPLICANT PROGRAM DIRECTOR (Name, Title, Department, Telephone Number and "E-Mail" Address):

APPLICANT'S PROJECT TITLE:

APPLICANT'S CONTROL NO.:

AMOUNT REQUESTED:

DATE RECEIVED BY IHS HQ:

PRE-APPLICATION RECEIPT

APPLICANT'S CONTROL NO.:

APPLICANT'S PROJECT TITLE:

SUBMITTED BY:

NAME OF APPLICANT ORGANIZATION:

DATE PRE-APPLICATION RECEIVED BY IHS HQ:

FINAL APPLICATION RECEIPT RECORD

TO APPLICANT: Complete TOP and BOTTOM of this card. On reverse side, address bottom section to yourself.

DO NOT TEAR APART. RETURN WITH THE FINAL APPLICATION.

APPLICANT ORGANIZATION (Name and Address):

APPLICANT PROGRAM DIRECTOR (Name, Title, Department, Telephone Number and "E-Mail" Address):

APPLICANT'S PROJECT TITLE:

APPLICANT'S CONTROL NO.:

AMOUNT REQUESTED:

DATE RECEIVED BY IHS HQ:

FINAL APPLICATION RECEIPT

APPLICANT'S CONTROL NO.:

APPLICANT'S PROJECT TITLE:

SUBMITTED BY:

NAME OF APPLICANT ORGANIZATION:

DATE FINAL APPLICATION RECEIVED BY IHS HQ:

**DEPARTMENT OF HEALTH &
HUMAN SERVICES**

Indian Health Service
TMP 600C
12300 Twinbrook Parkway
Rockville, MD 20852

Official Business
Penalty for Private Use \$300

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